7 FROM : CRYSTALMAG-HUMPHREYS, CPA

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2008

This report is mandatory under P.L. 86-257, as emended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

CLMS				
1. File Number U- 12688	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004			
	4. Name, file number, and address of labor organization.			
3. Name and address of person filing.				
Name JESSE R GLEASON	Name CARPENTERS LOCAL UNION 140			
	Labor Organization File Number 007-765			
P.O. Box, Bidg., Room No., If any	P.O. Box, Building and Room Number, if any			
Street 7930 U.S. 301 NORTH, SUITE B	Street 7930 U.S. 301 NORTH, SUITE B			
CIV TAMPA	City TAMPA			
State   Florida   ZIP Code + 4   33637-6765	State   Plorida   ZIP Code + 4   33637-6765			
5. Position in labor organization.	The state of the s			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7,a. Nature of Interest, Transaction, or Income.			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	T.D. AMOUN.			
City	* and the second			
State ZiP Code + 4				
Sig	nature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the set Signed	on S-5-C5 813-985-5555			
	Date Telephone Number			

\* FROM : CRYSTALMAG-HUMPHREYS,CPA PHONE NO. : 86

PHONE\_NO. : 8636196357

Aug. 11 2005 02:40PM P13

Name of Person Filing JESSE GLEASON		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from a selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (Including trade name, If any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	etion			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.			
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar va 12.a. Nature of interest he				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name CARPENTERS LOCAL UNION 140  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 7930 U.S. 301 NORTH, SUITE B  City TAMPA  State Florida ZIP Code + 4 33637-6765	or other thing of value.  14.a. Nature of payment.  Reimbursement fo while performing pate of payment:				
13.b. la the Business an Employer X or Consultant ?	14.b. Amount of payment		\$98		

P.O. Box, Bldg., Room No., if any

10. If 9.b. or 9.c. is checked give trust or employer's name.

ZIF Code + 4

Street

City

State

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

OM : CRYSTALMAG-HUMPHREYS,CPA PHONE NO.	: 8636196357 Aug. 11 2005 02:41PM P14
Name of Person Filing JESSE GLEASON	File Number U-
B. Help an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adfrectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deats with:
Trade Name, if any: {	a. Labor Organization b. Trust

c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.8. Nature of payment.		
	Reimbursement for out of pocket expenses incurred while performing administrative activites.		
Name CARPENTERS LOCAL UNION 140	Date of payment: 5/3/2004		
Trade Name, if any;			
P.O. Box, Bidg., Room No., if any			
Street 7930 U.S. 301 NORTH, SUITE B			
City TAMPA			
State Plorida ZIP Code + 4 [33637-6765]			
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment. \$100		

12.b. Amount.

<b>.</b> :	
Name of Person Filling JESSE GLEASON	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., If any  Street  Cay  ZIF Code + 4	9. Business deals with;  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.
Street	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12 b. Amouni.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone	der parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name CARPENTERS LOCAL UNION 140  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 7930 U.S. 301 NORTH, SUITE B	14.a. Nature of payment.  Reimbursement for out of pocket expenses incurred while performing administrative activites.  Date of payment: 5/24/2004
City TAMPA  State Florida ZIP Code + 4 33637-6765	

14.b. Amount of payment.

13.b. is the Business an Employer

or Consultant

\$85

PHONE NO. : 8636196357

Name of Person Filing JESSE GLEASON		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is Interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	Z-wood		'		
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.			
Name 2			<b>8</b>		
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	1				
Street	11.b. Approximate dollar valu	ie of such dealing.			
City	12.a. Nature of interest held				
State ZIP Code + 4					
			}		
		# 1 <del>68</del>			
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment				
Name CARPENTERS LOCAL UNION 140	Reimbursement for out of pocket expenses incu- while performing administrative activities. Date of payment: 7/14/2004				
The state of the s	pare or payment.	7,24,2004	1		
Trade Name, If any:			ĺ		
P.O. Box, Bidg., Room No., if any			•		
Street 7930 U.S. 301 NORTH, SUITE B					
City TAMPA			(		
State Florida ZIP Code + 4 33637-6765			3		
13.b. /s the Business an Employer or Consultant 7	14.b. Amount of payment.		\$594		